S. No. 2
M—9-4-41
v. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1942

Registration District No. 733

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4438

State File No. 22089

Registrar's No. 47

88 1 0

1. PLACE OF DEATH:

(a) County: Randolph

(b) City or town: Huntsville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Infirmary 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: about 10 years (Specify whether years, months or days)

In this community: yes

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Randolph 88 1

(c) City or town: Huntsville 0
(If outside city or town limits, write "RURAL")

(d) Street No.:
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Arthur Thompson

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: white

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Don't Know (Month) (Day) (Year)

8. AGE: Years 60 | Months | Days | If less than one day: hr. min.

9. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation: Inmate of County Infirmary

11. Industry or business:

MOTHER
12. Name: Don't Know
13. Birthplace: Don't Know 9 (City, town, or county) (State or foreign country)

FATHER
14. Maiden name: Don't Know
15. Birthplace: Don't Know 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. L. B. Broaddus

(b) Address: Huntsville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 16, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Huntsville Cemetry

18. (a) Signature of funeral director: Tom B. Carton

(b) Address: Huntsville, Mo

19. (a) 7-2-42 (Date received local registrar) (b) Mrs. P. Hogan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1942 hour 9 A. M. minute 30 M.

21. I hereby certify that I attended the deceased from Jan 1, 1942 to June 15, 1942 that I last saw him alive on June 14, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Nose & Throat	Several weeks
Due to: Nasal Cavity & Hard Palate	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: D. H. Johnston (M. D. or other) MD

Address: Huntsville Mo Date signed 7/1/42

1 027 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-42-1345
Date Filed JUL - 6 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Paul T. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.